

11-02-06

JFW #

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**TRANSMITTAL
FORM**

Application Serial Number	10/660,444
Filing Date	September 11, 2003
First Named Inventor	Chanduszko
Group Art Unit	3734
Examiner Name	Andersen, Michael T.
Attorney Docket No.	NMT-015
Confirmation No.	4893

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.)
<input checked="" type="checkbox"/> Check attached in the amount of \$180.00
<input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application
<input type="checkbox"/> Formal Drawing(s)
<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal
<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> CD(s) for large table or computer program
<input type="checkbox"/> Amendment After Allowance
<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|---|--|

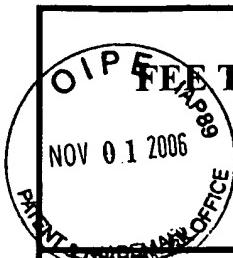
CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Kirkpatrick & Lockhart Nicholson
 Graham LLP
 State Street Financial Center
 One Lincoln Street
 Boston, MA 02111-2950
 Tel. No.: (617) 261-3100
 Fax No.: (617) 261-3175

SIGNATURE BLOCK

Date: November 1, 2006
 Reg. No. 58,343
 Tel. No.: (617) 261-3216
 Fax No.: (617) 261-3175

Respectfully submitted,
Karen A. Schouten
 Karen A. Schouten
 Attorney for the Applicants
 Kirkpatrick & Lockhart Nicholson
 Graham LLP
 State Street Financial Center
 One Lincoln Street
 Boston, MA 02111-2950


FEE TRANSMITTAL
FY 2006

NOV 01 2006

Complete if Known	
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METHOD OF PAYMENT

1. Payment Enclosed:
 Check Money Order Other

2. The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721.
 Required Fees (copy of this sheet enclosed).
 Additional fee required under 37 CFR 1.16 and 1.17.
 Overpayment Credit.
3. Applicant claims small entity status.

FEE CALCULATION (continued)**FEE CALCULATION****1. FILING/SEARCH/EXAM/SIZE FEES****Large Entity**

Fee (\$)	Fee Description	Fee Paid
300	Utility filing fee	
500	Utility search fee	
200	Utility exam fee	
250	Utility size fee (each add'l 50 pgs. over 100)	
200	Design filing fee	
100	Design search fee	
130	Design exam fee	
250	Design size fee (each add'l 50 pgs. over 100)	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 50.00 =	
Independent Claims	- 3 =		x \$200.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$360.00 =	
			TOTAL:	
			SUBTOTAL (1) (\$)	0.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total Indep.	- =		x \$ 50.00 =	
	- =		x \$200.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$360.00 =	
			TOTAL:	(\$)
			SMALL ENTITY DISCOUNT:	(\$)
			SUBTOTAL (2) (\$)	0.00

SUBTOTAL (3) (\$ 180.00)

SUBTOTAL (1) (\$ 0.00)
SUBTOTAL (2) (\$ 0.00)
SUBTOTAL (3) (\$ 180.00)

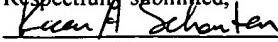
TOTAL (\$ 180.00)

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